


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90057 044 ***150.00

DOCUMENT # P99000104620					
1. Entity Name MERCER REAL ESTATE, INC.					
Principal Place of Business 2511 VASCO ST UNIT 119 PUNTA GORDA FL 33950			Mailing Address 2511 VASCO ST UNIT 119 PUNTA GORDA FL 33950		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0965561	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERCER, GILCHRIST H JR 2511 VASCO ST UNIT 119 PUNTA GORDA FL 33950			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Gilchrist H. Mercer Jr.</i> - <i>Gilchrist H. Mercer Jr.</i> Jan 30 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BECKER, JOSEPH W		NAME		
STREET ADDRESS	9307 MANDY ST		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33950		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BECKER, ELLEN M		NAME	<i>V.P.</i>	
STREET ADDRESS	9307 MANDY		STREET ADDRESS	<i>Joseph W. Becker</i>	
CITY-ST-ZIP	PUNTA GORDA FL 33950		CITY-ST-ZIP	<i>9307 Mandy</i>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KLEINZ, HAYLEY M		NAME	<i>Joseph W. Becker</i>	
STREET ADDRESS	463 RIDGECREST DR		STREET ADDRESS	<i>9307 Mandy</i>	
CITY-ST-ZIP	PUNTA GORDA FL 33950		CITY-ST-ZIP	<i>Punta Gorda, Fla. 33950</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, GEORGE W		NAME		
STREET ADDRESS	1530 ORIOLE COURT		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33950		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph W. Becker* - *Joseph W. Becker* 7/30/04 575-9059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #